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SECRETARY OF STATE

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Existential Quandary, LLC	
SOBJECT		ted Liability Company
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.
Please retur	n all correspondence concerning this matt	er to the following:
	John Herzog	
		Name of Person
	Existential Quandary, LLC	
		Firm/Company
	12928 Tigers Eye Drive	
		Address
	Venice, Florida 34292	
S	Cit szobinski@gmail.com	y/State and Zip Code
_	E-mail address: (to be used for	or future annual report notification)
For further in	formation concerning this matter, please of	call:
	John Herzog 801 at (404-6923
-		a Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Existential Quandary, LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
FICLE II - Address: mailing address and street address of the principal office Principal Office Address:	ce of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

Name

12928 Tigers Eye Drive
Florida street address (P.O. Box NOT acceptable)

Venice Florida 34292

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SEPOSTANDO

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	John Herzog		
MON	12928 Tigers Eye Drive		
	Venice, Florida 34292		
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)			
LEV: Effective date, if other than the date of	filing: (OPTIONAL)		
	fic and cannot be more than five business days prior to or 90 days after		
e of filing.)	et the applicable statutory filing requirements, this date will not be listed a		
ument's effective date on the Department of			
uniem s'effective date on the Department of	State 8 records.		
LE VI: Other provisions, if any.			
LE VI: Other provisions, if any.			
<u> </u>			

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Herzog

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)